

Iowa Department of Human Services

Medical Assistance Advisory Council MAAC

March 14, 2017

Mr. Charles M. Palmer Director Iowa Department of Human Services 1305 E. Walnut Street Des Moines, IA 50319-0114

Dear Mr. Palmer:

Pursuant to Iowa Administrative Code 249A, 4B, subsection 6, based upon the deliberations of the Medical Assistance Advisory Council (MAAC) and the Executive Committee, the Executive Committee would like to make the following recommendation regarding the policy and administration of the medical assistance program. The MAAC and Executive Committee have identified unmet pharmaceutical needs and maintenance of prescription medications, in addition to recipient removal from Home- and Community- Based Service (HCBS) waivers following nursing facility stays that have ultimately affected the health of medical assistance recipients. Please consider the following recommendations regarding continuity of care as it relates to medication distribution and HCBS waivers.

RECOMMENDATION

Medication Approval:

Patients and providers have reported instances of patients being asked to repeat the step therapy process.

Recommendation I:

Enforce regulation that Managed Care Organizations (MCOs) follow established state Preferred Drug List (PDL), as required within their contracts.

Recommendation II:

Encourage the MCOs provide data regarding medication denial rates for MAAC Executive Committee to monitor for future recommendations.

HCBS Waiver:

Members receiving waiver services were removed from the waiver program following a 30 day or more stay in a nursing facility.

Recommendation I:

Extend the allotted 30 day nursing facility stay for HCBS waiver recipients to 120 days.

The MAAC and Executive Committee have identified general issues pertaining to mental health care that, although not within the purview of the MAAC, may be appropriate topics of discussion for the Mental Health and Disability Services (MHDS) Commission. Please consider the following referrals.

ISSUE FOR REFERRAL

Provider Reimbursement Rates Resulting in Limited Access to Care:

Referral I:

Mental health providers who participated in the public meetings expressed concerns that mental health providers are being reimbursed at a lower rate by Medicaid for services than what is being paid by other health insurance plans, such as Medicare. Issues around access to care for Medicaid recipients requiring mental health services were conveyed due to few providers' unwillingness to accept the lesser amount of reimbursement. Lower reimbursement rates have also resulted in limited access to care for the Home- and Community- Based Services (HCBS) waiver population and members requiring facility placement as members must travel greater distances to receive treatment and psychological testing from par providers. Patients and providers reported instances of members who were in critical need of mental health housing and were unable to identify suitable accommodation and care within a reasonable amount of time due to the limited access.

General Mental Health Concerns:

Referral I:

Following implementation of the managed care program, some recipients in residential group homes and residential care facilities who are enrolled in the managed care program have experienced issues in their group home and residential care facility placement and the accompanying services and supports. Members in the managed care program have also recently encountered transition issues in the transferring of services from one facility to the next.

MAAC members hope this communication will improve efficiencies in the medical assistance program to ensure that patients receive timely and continuous care, while also improving the stability and wellness of patients and their families.

We look forward to continuing to work with the Department in an effort to improve health and medical care services under the medical assistance program. Please feel free to contact the MAAC should you have any additional questions regarding the recommendations or referrals outlined above.

Sincerely,

Gerd Clabaugh lowa Department of Public Health Co-Chairperson

David Hudson Public Representative Co-Chairperson